



## **DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled

#### MODULAR BIOS UPDATE MECHANISM

The specification of which was filed February 14, 2000 and given Serial No. 09/503,939

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s). I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, and that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a), a copy of which is attached.

## PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificated having a filing date before that of the application on which priority is claimed.

APPLICATION NUMBER	COUNTRY	FILING DATE (day, month, year)	PRIORITY	CLAIMED
None			Yes	No

### **PRIOR UNITED STATES APPLICATION(S)**

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APPLICATION NUMBER	FILING DATE (day, month, year)	STATUS (i.e. Patented, Pending, Abandoned)
None		

POWER OF ATTORNEY: I hereby appoint:

John C. Altmiller KENYON & KENYON 1500 K Street, N.W. Washington, D.C. 20005 (202) 220-4200 (phone) (202) 220-4201 (facsimile)

FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
FIRST/JOINT INVENTOR	GAFKEN	Andrew	н.
RESIDENCE &	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
CITIZENSHIP		COUNTRY	
	Folsom	California	USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDITEGO	991 Patrick Circle	Folsom	California 95630
Signature		Date	
	er Har Our	3/8/	2000
FULL NAME OF SECOND/JOINT INVENTOR	FAMILY NAME / WILSON	FIRST GIVEN NAME 7	SECOND GIVEN NAME D.
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
OTTIZE NOT III	Granite Bay	California	USA .
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP
ADDRESS	9836 Wesbourne Wy.	Granite Bay	CODE/COUNTRY California 95746
Signature		Date	
FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
THIRD/JOINT INVENTOR	DODSON	Thomas	SCOOLD GIVEN INAINE
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	El Dorado Hills	California	USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDITEGG	600 Falcons Crest	El Dorado Hills	California 95762
Signature		Date	
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FULL NAME OF FOURTH/JOINT INVENTOR	FAMILY NAME LOVELACE	FIRST GIVEN NAME John	SECOND GIVEN NAME V.
RESIDENCE & CITIZENSHIP	CITY Hillsboro	STATE OR FOREIGN COUNTRY Oregon	USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS P.O. Box 712	CITY Hillsboro	STATE & ZIP CODE/COUNTRY Oregon 97124
Signature		Date	

# Title 37, Code of Federal Regulations, Section 1.56 Duty to Disclose Information Material to Patentability

- (a) A patent by its very nature is affected with a public interest. The public interest is best served, and the most effective patent examination occurs when, at the time an application is being examined, the Office is aware of an evaluates the teachings of all information material to patentability. Each individual associated with the filing and prosecution of a patent application has a duty of candor and good faith in dealing with the Office, which includes a duty to disclose to the Office all information known to that individual to be material to patentability as defined in this section. The duty to disclosure information exists with respect to each pending claim until the claim is cancelled or withdrawn from consideration, or the application becomes abandoned. Information material to the patentability of a claim that is cancelled or withdrawn from consideration need not be submitted if the information is not material to the patentability of any claim remaining under consideration in the application. There is no duty to submit information which is not material to the patentability is deemed to be satisfied if all information known to be material to patentability of any claim issued in a patent was cited by the Office or submitted to the Office in the manner prescribed by §§ 1.97(b)-(d) and 1.98. However, no patent will be granted on an application in connection with which fraud on the Office was practiced or attempted or the duty of disclosure was violated through bad faith or intentional misconduct. The Office encourages applicants to carefully examine:
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  - (2) It refutes, or is inconsistent with, a position the applicant takes in:
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- (c) Individuals associated with the filing or prosecution of a patent application within the meaning of this section are:
  - (1) Each inventor named in the application;
  - (2) Each attorney or agent who prepares or prosecutes the application; and
  - (3) Every other person who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application.
- (d) Individuals other than the attorney, agent or inventor may comply with this section by disclosing information to the attorney, agent, or inventor.



## DECLARATION AND POWER OF ATTORNEY FOR PARENT APPLICATION

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John C. Altmiller KENYON & KENYON 1500 K Street, N.W. Washington, D.C. 20005 (202) 220-4200 (phone) (202) 220-4201 (facsimile)

FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	LOCALIDA ON THE STATE OF THE ST
FIRST/JOINT INVENTOR	GAFKEN	Andrew	SECOND GIVEN NAME H.
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Folsom	California	USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	991 Patrick Circle	Folsom	California 95630
Signature	-1	Date	
FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	CECOND ON EN MAN
SECOND/JOINT INVENTOR	WILSON	Todd	SECOND GIVEN NAME D.
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Granite Bay	California	USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP
	9836 Wesbourne Wy.	Granite Bay	CODE/COUNTRY California 95746
Signature	Il D. Wilson	Date 3/24/0	90
FULL NAME OF THIRD/JOINT NVENTOR	FAMILY NAME DODSON	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	El Dorado Hills	California	USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP
	600 Falcons Crest	El Dorado Hills	CODE/COUNTRY California 95762
ignature		Date	
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		CATA - ADELY	
FULL NAME OF FOURTH/JOINT INVENTOR	FAMILY NAME LOVELACE	FIRST GIVEN NAMES TRADES	SECOND GIVEN NAME  V.
RESIDENCE & CITIZENSHIP	CITY Hillsboro	STATE OR FOREIGN COUNTRY Oregon	USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS P.O. Box 712	CITY Hillsboro	STATE & ZIP CODE/COUNTRY Oregon 97124
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FAMILY NAME	FIRST GIVEN NAME	
GAFKEN	Andrew	SECOND GIVEN NAME  H.
CITY	COUNTRY	COUNTRY OF CITIZENSHIP
Folsom	California	USA
POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
991 Patrick Circle	Folsom	California 95630
	Date	<u> </u>
FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME D.
		·
CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Granite Bay	California	USA
POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9836 Wesbourne Wy.	Granite Bay	California 95746
	Date	<u> </u>
FAMILY NAME DODSON	FIRST GIVEN NAME Tom	SECOND GIVEN NAME
CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
El Dorado Hills	California	USA
POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
600 Falcons Crest	El Dorado Hills	California 95762
	Date	d
Jon Dodson March 8,2000		0000
	FAMILY NAME POST OFFICE ADDRESS  991 Patrick Circle  FAMILY NAME WILSON  CITY Granite Bay  POST OFFICE ADDRESS  9836 Wesbourne Wy.  FAMILY NAME DODSON  CITY  EI Dorado Hills  POST OFFICE ADDRESS	FAMILY NAME POST OFFICE ADDRESS CITY FOR TOTAL COUNTRY California  CITY POST OFFICE ADDRESS CITY  FAMILY NAME WILSON CITY Granite Bay POST OFFICE ADDRESS CITY  POST OFFICE ADDRESS CITY Granite Bay California  CITY Granite Bay  CITY FIRST GIVEN NAME COUNTRY California  CITY Granite Bay  Date  FAMILY NAME FIRST GIVEN NAME Tom  CITY California  FIRST GIVEN NAME Tom  COUNTRY COUNTRY COUNTRY CALIfornia  COUNTRY COUNTRY CALIfornia  COUNTRY CALIfornia  POST OFFICE ADDRESS CITY EI Dorado Hills  POST OFFICE ADDRESS CITY EI Dorado Hills  Date

Signature		Date	
POST OFFICE ADDRESS	POST OFFICE ADDRESS P.O. Box 712	CITY Hillsboro	STATE & ZIP CODE/COUNTRY Oregon 97124
RESIDENCE & CITIZENSHIP	CITY Hillsboro	STATE OR FOREIGN COUNTRY Oregon	USA
FULL NAME OF FOURTH/JOINT INVENTOR	FAMILY NAME LOVELACE	John John	V.

# Title 37, Code of Federal Regulations, Section 1.56 <u>Duty to Disclose Information Material to Patentability</u>

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	Folsom	California	USA
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	991 Patrick Circle	Folsom	California 95630
Signature		Date	
FULL NAME OF SECOND/JOINT	FAMILY NAME WILSON	FIRST GIVEN NAME Todd	SECOND GIVEN NAME
INVENTOR RESIDENCE &	CITY	STATE OR FOREIGN	D.
CITIZENSHIP	Granite Bay	COUNTRY California	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP
	9836 Wesbourne Wy.	Granite Bay	CODE/COUNTRY California 95746
Signature		Date	
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THIRD/JOINT NVENTOR	DODSON	Thomas	SECOND GIVEN NAME
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	El Dorado Hills	California	USA
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	600 Falcons Crest	El Dorado Hills	CODE/COUNTRY California 95762
Signature		Date	
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FULL NAME OF FOURTH/JOINT INVENTOR	FAMILY NAME LOVELACE	FIRST GIVEN NAME  John	SECOND GIVEN NAME V.
RESIDENCE & CITIZENSHIP	Hillsboro	STATE OR FOREIGN COUNTRY Oregon	USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS P.O. Box 712	CITY Hillsboro	STATE & ZIP CODE/COUNTRY Oregon 97124
Signature Sohn / Lou Lace		3-9-2c	න <b>ෙ</b>

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